



**Division of Human Resources- Employee Relations
Authorization for Medical Reports and Records**

To Whom It May Concern:

You are hereby authorized to furnish to: _____

Any records or information whatsoever they may request regarding the medical history, physical condition and treatment rendered, and, if requested, to permit them or any person appointed by them to examine any and all X-ray pictures or records, regarding the physical condition of/or treatment rendered to:

_____ *School Board Employee / Patient Name* _____ *Date of Birth*

_____ *Address*

_____ *Employee/Patient Signature* _____ *Date*

_____ *Witness*

Form No.: PER-819-056 - Authorization for Medical Reports and Records/Drug-Free Workplace
New Date: 2/4/19

Distribution: White - Employee
Yellow: Employee Relations